

IRO REVIEWER REPORT TEMPLATE -WC

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Notice of Independent Review Decision

[Date notice sent to all parties]:

December 28, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Carpal Tunnel Surgery

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Clinical notes 04/11/12-11/05/12
Electrodiagnostic studies report 10/14/10
Prior reviews 10/17/12 and 11/20/12
Designated doctor evaluation 08/29/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx. The patient was followed for complaints of numbness and pain in the right hand. Initial electrodiagnostic testing from 10/14/10 revealed abnormal findings for the right median nerve. The findings were consistent

with right carpal tunnel syndrome. The patient was followed in 2012 for post-operative evaluations following a chondroplasty on 03/29/12. Clinical evaluation on 10/05/12 stated that the patient had numbness and tingling sensations in the radial right three fingers that were improved with shaking her hands. The patient also reported right shoulder pain. Physical examination revealed positive Tinel and Phalen signs at the right wrist. The patient was started on Relafin 750mg and Neurontin 300mg BID. The patient was also recommended for a right carpal tunnel release. Follow up on 11/05/12 stated that the patient continued to have numbness and tingling and weakness in the right hand. The patient was utilizing a wrist splint at night that provided benefits. No significant relief was reported with the use of anti-inflammatories. Physical examination again revealed positive Tinel and Phalen signs in the right wrist. The request for right carpal tunnel release was denied by utilization review on 10/17/12 as there was no documentation regarding adequate conservative treatment, including anti-inflammatories or physical therapy or injection therapy. The request was again denied by utilization review on 11/20/12 as there was a continued lack of documentation regarding exhaustive conservative options, including night splinting and physical therapy and injection therapy and activity modifications.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for right carpal tunnel release is not supported as medically necessary based on the clinical documentation provided for review. From the clinical documentation, the patient was initially assessed with carpal tunnel syndrome in 10/10. The most recent clinical notes document that the patient was being treated for a knee condition following surgery. The patient only began to complain again of carpal tunnel symptoms to the right in October of 2012. The patient was provided anti-inflammatories and a wrist splint; however, there is no indication that the patient utilized the splint at night. No other conservative options, including activity modifications or physical therapy or injections, were discussed in the clinical record. As the clinical documentation does not establish that the patient had completed a reasonable course of conservative treatment as outlined by current evidence based guidelines, a right carpal tunnel release at this time would not be supported as medically necessary.

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines, Online Version, carpal tunnel syndrome chapter

ODG Indications for Surgery -- Carpal Tunnel Release:

I. Severe CTS, requiring ALL of the following:

A. Symptoms/findings of severe CTS, requiring ALL of the following:

1. Muscle atrophy, severe weakness of thenar muscles
2. 2-point discrimination test > 6 mm

B. Positive electrodiagnostic testing

--- OR ---

II. Not severe CTS, requiring ALL of the following:

A. Symptoms (pain/numbness/paresthesia/impaired dexterity), requiring TWO of the following:

1. Abnormal Katz hand diagram scores
2. Nocturnal symptoms
3. Flick sign (shaking hand)

B. Findings by physical exam, requiring TWO of the following:

1. Compression test
2. Semmes-Weinstein monofilament test
3. Phalen sign
4. Tinel's sign
5. Decreased 2-point discrimination
6. Mild thenar weakness (thumb abduction)

C. Comorbidities: no current pregnancy

D. Initial conservative treatment, requiring THREE of the following:

1. Activity modification \geq 1 month
2. Night wrist splint \geq 1 month
3. Nonprescription analgesia (i.e., acetaminophen)
4. Home exercise training (provided by physician, healthcare provider or therapist)
5. Successful initial outcome from corticosteroid injection trial (optional). See [Injections](#). [Initial relief of symptoms can assist in confirmation of diagnosis and can be a good indicator for success of surgery if electrodiagnostic testing is not readily available.]

E. Positive electrodiagnostic testing [note that successful outcomes from injection trial or conservative treatment may affect test results]

([Hagebeuk, 2004](#))